

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039676

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274

FILED NOV 8 1962

Primary Registration District No. 3052

Registrar's No. 401

VS 300  
Rev. 4/59

1 0808

2 08082

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4 0

5 2

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7 0

8 2

9 491X

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12 86-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Campbell Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>408 North Prospect</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>COOPER</b> Last <b>COOPER</b>		4. DATE OF DEATH Month <b>November</b> Day <b>5</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/22/1877</b>
9. AGE (last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Syracuse, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Mark Cooper</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Woolery</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Anderson, deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Otto Cooper, 3800 South Kentucky,</b>		Address <b>Sedalia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Bilateral Broncho pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Chronic Bilateral Broncho pneumonia</b>			<b>10 month</b>
DUE TO (c) <b>Infection + Congestive Cardiac Failure</b>			<b>10 month</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12:35</b> a.m. <b>pm</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY <b>Pettis</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>Mar. 24, '62</b> to <b>Nov. 4, '62</b> and last saw <sup>her</sup> him alive on <b>Nov. 4, 1962</b> Death occurred at <b>12:35 pm</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Donald R. Kirby M.D.</b> (Degree or title)		22b. ADDRESS <b>814 W. 16th Sedalia, Mo.</b>	22c. DATE SIGNED <b>11-6-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/7/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Syracuse Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Syracuse, Missouri</b>
24. FUNERAL DIRECTOR <b>Francis Ewing</b>	ADDRESS <b>Sedalia, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 7, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Francis Ewing per N. Anderson</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

MAY 22 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.